## Application for the Replaement of an IRP Cab Card The Original Being Lost, Stolen or Mutilated - Fee \$1.00 -

Fleet #		Supplement #	IRP License Plat	ense Plate # Owner Equipme	
Vehicle Identification Number (VIN)			Owner's Legal Name		
Vehicle Ma		ake	Address		
Insurance Company's Name Policy Num		mber	City, State & Zip		
I filed an application in accordance with the laws of the State of Georgia and paid the lawful fee for the registration of the above described vehicle and was furnished the license plate number shown. The original cab card has been lost, stolen, or mutilated. I have no knowledge as to where the lost or stolen cab card may be or in whose possession it now is and request a replacement cab card. I do solemnly swear or affirm under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by fine up to \$5,000 or by imprisonment of up to five (5) years, or both, that the statements contained herein are true and accurate. I certify that the vehicle described in this application has liability insurance as required.					
Owner's Personal Signature:				Date:	
	Name  ccordance and was to viedge as I do sol s or for me that the statements	vehicle M Name Policy Nul ccordance with the I and was furnished the vledge as to where ti I do solemnly sweat or for making a man that the statements of surrance as required.	Vehicle Make  Name Policy Number  ccordance with the laws of the State of and was furnished the license plate nurveledge as to where the lost or stolen call do solemnly swear or affirm under of or for making a material false stateme that the statements contained herein are surance as required.	with the laws of the State of Georgia and paid and was furnished the license plate number shown. The ownedded as to where the lost or stolen cab card may be or in I do solemnly swear or affirm under criminal penalty of a cor for making a material false statement punishable by fin that the statements contained herein are true and accurate.	with the laws of the State of Georgia and paid the lawf and was furnished the license plate number shown. The original calledge as to where the lost or stolen cab card may be or in whose plate number or in whose plate number shown. The original calledge as to where the lost or stolen cab card may be or in whose plate number shown. The original calledge as to where the lost or stolen cab card may be or in whose plate number or in whose plate n

## Instructions:

- Except for the signature, this application must be typed, electronically completed and printed or legibly handprinted.
- If the cab card is mutilated, it must accompany this application.
- The application, \$1.00 check or money order payable to the Department of Revenue, & the mutilated cab card (if application) can be mailed or submitted in-person as follows:

Mailing Address

In-Person Address\*

ATTN: IRP Unit Dept. of Revenue/Motor Vehicle Division PO Box 740382 ATLANTA, GA 30374-0382 Dept. of Revenue/Processing Center-Motor Vehicle 1200 Tradeport Boulevard Hapeville, GA 30354

\*Office Hours: 7:30 a.m. - 4:30 p.m. Monday thru Friday, excluding state holidays

From this department's website, <u>www.dor.ga.gov</u> this application can be completed electronically & printed for signing & submission by mail or in person.